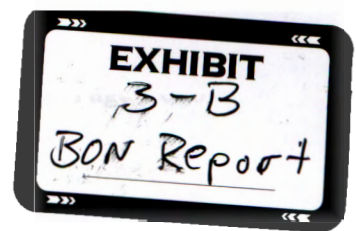


EXHIBIT 3-B
BON Report Page(s)

Showing ECU's discrepancy in reporting Brixon's
previous counseling/discipline



Social Security [REDACTED] Confirmation: 53144
Date Received: 06/02/2014

Last: BRIXON First: LINDA Middle:

Type Nurse 1-RN 2-LPN: 1 NC Certificate: 115824 TL: Compact State License:
Address: [REDACTED]
Primary Phone: [REDACTED] Secondard Phone: 0
NP: N CRNA: N CNM: N CNS: N
Comment:

Facility Information:

Facility: VIDANT MEDICAL CENTER
Address: 2100 STANTONSBURG ROAD PO BOX 6028 GREENVILLE NC 27835 06028
Phone: (252) 847-5246 0 Fax: 0
Type of Facility: HOSPITAL
Action Taken: TERMINATED

Start Date of Employment: 06/07/1999 Ending Date: 05/30/2014
Incident Date: Time: Shift Worked: 7P - 7A
Was Nurse Working overtime at time of incident: N
Area of Practice at time of incident: MED SURG
Has the nurse been counseled or disciplined for any prior practice issues: N
Could licensee benefit from remedial education: N
Did the Nurse acknowledge or accept responsibility: N
Were there any sytem issues identified which may have contributed to the reported incident: N
Has the nurse been employed at your faciltity for more than 2 years: Y
Comment:

Supervisor Information:

Name: TONY WINSTEAD MSN, RN, CMNL
Title: NURSE MANAGER
Phone: [REDACTED] Ext. 0 Secondary: 0 Ext. 0
Supervisor Email: tony.winstead@vidanthealth.com
Is Supervisor Primary Contact: N

Primary Contact Information:

Name: LINDA HOFER SENIOR VP NURSE EXECUTIVE
Address: [REDACTED]
Phone:: [REDACTED] Ext. 0 Secondary: 0 Ext. 0
Best time of day to reach primary contact: 8AM - 5PM
Email: lhofer@vidanthealth.com
Comment:

Person Making Complaint:

**ATTORNEY WORK PRODUCT/PRIVILEGED COMMUNICATION
INTERNAL WORKING NOTES**

PERSONAL/LICENSURE DATA

Name: Linda Leathers Brixon **License type:** RN **Certificate#:** 115824 **Date of Birth:** [REDACTED]

Address: [REDACTED] Greenville, NC 27858

Cell #: [REDACTED] **Email Address:** [REDACTED]@hotmail.com **Licensee home phone #:** n/a

Licensee graduated from Edgecombe Community College (ADN) **in** 1991 **and has been licensed in North Carolina since** 1991, **NC license expires** August 31, 2015

Other states of licensure and status: n/a **Other license/listings:** n/a

Prior NCBON Action: n/a

EMPLOYMENT INFORMATION/HISTORY

Employer at time of reported event: Vidant Medical Center/Greenville, NC

Agency Contact- name/title- phone #: Tony Winstead/Nurse Manager – (252) 847-3155

Dates of employment: June 7, 1999 to May 30, 2014 **Setting where incident occurred:** Hospital

Type of unit/practice: Medical-Surgical/Renal **Previous counseling/disciplinary actions for practice related issues:** No ☐ Yes ☒ **If Yes, specify:** 9/3/10 – Gave Valium to wrong patient; 3/21/11 – Failed to participate in bedside shift report; failure to round; failure to respond; inaccurate or false documentation.

Position held: direct patient care - RN

2 year employment history without practice issues ☒ Yes ☐ No: **If no, complete:**

Agency/Employer Name	Dates of employment	Reason for separation
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SYNOPSIS OF COMPLAINT

On September 22, 2014, the Board received an email with a public complaint from Cynthia Avens. Ms. Avens alleged the Licensee neglected her daughter, K.W., on the the 7 p.m. to 7 a.m. shift May 9 to 10, 2014. She indicated this occurred in the nephrology department at Vidant Medical Center in Greenville, NC.

The statement provided by Ms. Avens indicated the Licensee did not provide less restrictive measures for her daughter before putting her in restraints. She also reported she was told the monitor stopped giving readings of the vitals because the Licensee did not reconnect the monitor. Her daughter coded at 5:45 a.m. and died on May 10, 2014 at 1:02 p.m.

After the complaint was assigned to the Investigator on September 29, 2014 various telephone, fax and email exchanges occurred between the complainant and the Investigator as the complainant provided additional details and concerns regarding the Licensee and other staff.